

	<b>Montana Mental Health Nursing Care Center Policy Manual</b>		<b>Policy Number</b> 547
			<b>Original Date</b> 05/22/2017
	<b>Department: Nursing</b>		<b>Reviewed Date</b>
	<b>Antipsychotic Rx Use and Monitoring</b>		

## **POLICY:**

Indications for Antipsychotic drug use:

- Schizophrenia
- Schizoaffective Disorder
- Delusional Disorder
- Psychotic Mood Disorders
- Acute Psychotic Episodes
- Brief Reactive Psychosis
- Schizophreniform Disorder
- Atypical Psychosis
- Tourette's Syndrome
- Huntington's Disorder
- Dementia with associated psychotic and/or behavior disturbances
  - Poses a danger to self or others
  - Continuous/repetitive yelling or screaming affecting others

Justification for drug use outside these guidelines:

- A Physicians'/Psychiatrist's note indicating that the dosage, duration, indication, and monitoring are clinically appropriate and the reasons as to why they are clinically appropriate.

Definition of an unnecessary drug:

- In excessive dose (including duplicate drug therapy)
- For excessive duration
- Without adequate monitoring
- Without adequate indication for use
- In the presence of adverse consequences

Contra-indications for GDR:

- Major mental illness

**Antipsychotic Rx Use and Monitoring**

- Failed GDR
  1. Lower dose resulted in behaviors that were high risk to self or others
  2. Recurrence of psychotic symptoms (hallucinations, delusions, paranoia)

Documentation for Contra-indication of GDR to include:

- Document and quantitate behaviors
- Document failed GDR's in the past
- Document education of resident and family
- Document absence of adverse reactions
- Benefit risk statement
- Careplan

Parameters for Gradual Dose Reduction:

- Twice in the same year (not same month,) then annually for:
  1. Antipsychotic medications in dementia patients
  2. Antidepressants
  3. Anxiolytics
- Quarterly for:
  - 1 All medication used for sleep induction
  - 2 Benzodiazepines used for sleep

OR need based on Manufacturer recommendations and regulatory requirements.

**PURPOSE:**

- To consistently recognize, evaluate, and address problematic behaviors.
- To ensure with the use Antipsychotics, appropriate diagnosis is identified.
- To prevent each resident's drug regimen from including unnecessary drugs.

*To aide in successful management of medication regimen based on age, sex, diagnosis/indication, allergies, sensitivities and current medications.*

**PROCEDURE:**

+The Psychiatrist will visit MMHNCC routinely to evaluate residents in person. He/she will review all medications at that time and order gradual reductions if necessary. Nursing will then place the resident on "hot charting" for assessment every shift for response to GDR.

+The Pharmacist will do medication chart review at time of admission, monthly with recommendations for MD's and Psychiatrists, upon change in condition and/or when requested by team members.

**Antipsychotic Rx Use and Monitoring**

They will also record all Gradual Dose Reduction on the MMHNCC GDR Log. (See Attachment#1)

+The pharmacy review team will meet at least quarterly to assess medication errors, issues, and ideas for improvement. The team will consist of the Pharmacist, the DON, the Administrator, Quality Assurance Coordinator and the Medical Director.

+The RN on the wing will chart/assess weekly on every resident at their 1<sup>st</sup> bath of the week. A weekly summary form will include changes in behaviors, medications, environment, VS, mood, sleep, appetite, falls, continence, and mobility. These changes will indicate possible medication change problems and what interventions are helpful. It will also alert staff of changes in behaviors or movement which may indicate an adverse side effect. (See Attachment#2)

+The MD will assess all resident every 60 days per protocol and prn, and will provide an annual physical yearly.

+The MDS coordinator and /or RN will assess adverse side effects with the use of the AIMS examination form at admit, and at yearly careplan review. (See Policy#536)

+The careplan team will assess if a GDR has been done each quarter at the scheduled care plan meeting and if it was successful or a failure.

Pharmacist will prepare a written report for the facility Administrator, Director of Nursing and Medical Director for use and review at the Facilities Quality Assurance and Performance Improvement Committee quarterly.

Reviewed: \_\_\_\_\_

Superintendent: \_\_\_\_\_